

**DATA FORM 1 (Revised)**  
**Routine Wetland Determination**  
**(WA State Wetland Delineation Manual or**  
**1987 Corps Wetland Delineation Manual)**

Project/Site:  Applicant/owner:  Investigator(s):	Date:  County: State: S/T/R:
Do Normal Circumstances exist on the site?                      yes          no Is the site significantly disturbed (atypical situation)?                      yes          no Is the area a potential Problem Area?                      yes          no Explanation of atypical or problem area:	Community ID: Transect ID: Plot ID:

**VEGETATION** (For strata, indicate T = tree; S = shrub; H = herb; V = vine)

Dominant Plant Species	Stratum	% cover	Indicator	Dominant Plant Species	Stratum	% cover	Indicator

**HYDROPHYTIC VEGETATION INDICATORS:**

% of dominants OBL, FACW, & FAC \_\_\_\_\_

Check all indicators that apply & explain below:

Visual observation of plant species growing in areas of prolonged inundation/saturation _____	Physiological/reproductive adaptations _____
Morphological adaptations _____	Wetland plant database _____
Technical Literature _____	Personal knowledge of regional plant communities _____
	Other (explain) _____

**Hydrophytic vegetation present?**                      yes          no

Rationale for decision/Remarks:

**HYDROLOGY**

Is it the growing season?                      yes          no  Based on: _____ soil temp (record temp _____) _____ other (explain)	<table style="width: 100%;"> <tr> <td style="width: 50%;">Water Marks:    yes    no                           on _____</td> <td style="width: 50%;">Sediment Deposits: yes    no</td> </tr> <tr> <td>Drift Lines:        yes    no</td> <td>Drainage Patterns:    yes    no</td> </tr> <tr> <td>Oxidized Root (live roots) Channels &lt;12 in. yes    no</td> <td>Local Soil Survey:    yes    no</td> </tr> <tr> <td>FAC Neutral:        yes    no</td> <td>Water-stained Leaves yes    no</td> </tr> </table>	Water Marks:    yes    no on _____	Sediment Deposits: yes    no	Drift Lines:        yes    no	Drainage Patterns:    yes    no	Oxidized Root (live roots) Channels <12 in. yes    no	Local Soil Survey:    yes    no	FAC Neutral:        yes    no	Water-stained Leaves yes    no
Water Marks:    yes    no on _____	Sediment Deposits: yes    no								
Drift Lines:        yes    no	Drainage Patterns:    yes    no								
Oxidized Root (live roots) Channels <12 in. yes    no	Local Soil Survey:    yes    no								
FAC Neutral:        yes    no	Water-stained Leaves yes    no								
Dept. of inundation:                      _____ inches  Depth to free water in pit:                      _____ inches Depth to saturated soil:                      _____ inches	Check all that apply & explain below: Stream, Lake or gage data:                      _____ Aerial photographs:                      _____                      Other: _____								

**Wetland hydrology present?**                      yes          no

Rationale for decision/Remarks:

**SOILS**Map Unit Name \_\_\_\_\_  
(Series & Phase)

Drainage Class \_\_\_\_\_

Taxonomy (subgroup) \_\_\_\_\_

Field observations confirm    Yes    No  
mapped type?**Profile Description**

Depth (inches)	Horizon	Matrix color (Munsell moist)	Mottle colors (Munsell moist)	Mottle abundance size & contrast	Texture, concretions, structure, etc.	Drawing of soil profile ( <u>match description</u> )

**Hydric Soil Indicators:** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Histosol                         | <input type="checkbox"/> Matrix chroma $\leq 2$ with mottles                  |
| <input type="checkbox"/> Histic Epipedon                  | <input type="checkbox"/> Mg or Fe Concretions                                 |
| <input type="checkbox"/> Sulfidic Odor                    | <input type="checkbox"/> High Organic Content in Surface Layer of Sandy Soils |
| <input type="checkbox"/> Aquic Moisture Regime            | <input type="checkbox"/> Organic Streaking in Sandy Soils                     |
| <input type="checkbox"/> Reducing Conditions              | <input type="checkbox"/> Listed on National/Local Hydric Soils List           |
| <input type="checkbox"/> Gleyed or Low-Chroma (=1) matrix | <input type="checkbox"/> Other (explain in remarks)                           |

**Hydric soils present?**                      yes                      no

Rationale for decision/Remarks:

**Wetland Determination** (circle)

Hydrophytic vegetation present?	yes	no	Is the sampling point	yes	no
Hydric soils present?	yes	no	within a wetland?		
Wetland hydrology present?	yes	no			

**Rationale/Remarks:****NOTES:**

## Data Form 2: Atypical Situations

Applicant Name: \_\_\_\_\_ Applicant Number: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Plot Number: \_\_\_\_\_ Date: \_\_\_\_\_

### A. Vegetation:

1. Type of Alteration: \_\_\_\_\_  
\_\_\_\_\_
2. Effect on Vegetation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Previous Vegetation: \_\_\_\_\_  
(Attach documentation) \_\_\_\_\_  
\_\_\_\_\_
4. Hydrophytic Vegetation? Yes \_\_\_\_\_ No \_\_\_\_\_

### B. Soils:

1. Type of Alteration: \_\_\_\_\_  
\_\_\_\_\_
2. Effect on Soils: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Previous Soils: \_\_\_\_\_  
(Attach documentation) \_\_\_\_\_  
\_\_\_\_\_
4. Hydric Soils? Yes \_\_\_\_\_ No \_\_\_\_\_

### C. Hydrology:

1. Type of Alteration: \_\_\_\_\_  
\_\_\_\_\_
2. Effect on Hydrology: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Previous Hydrology: \_\_\_\_\_  
(Attach documentation) \_\_\_\_\_  
\_\_\_\_\_
4. Wetland Hydrology? Yes \_\_\_\_\_ No \_\_\_\_\_  
Characterized By: \_\_\_\_\_